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ABSTRACT

This paper presents data comparing normal, learning-disabled (LD), emotionally disturbed (ED), and attention deficit/hyperactivity disorder (ADHD) or attention deficit disorder (ADD) children, from a total of 1,303 children used to standardize the Texas Features of Emotional Disturbance (Tx-FED), an assessment system involving parent and teacher reports of behavior occurring in school and home settings. The assessment tool measures areas such as acting out behaviors, affective behaviors, anxious behaviors, and pathognomic signs. Differences and similarities found across age subgroups (ages 6-11 and 12-19) and gender groups are presented. The ED and ADHD/ADD children's behaviors were seen by both teachers and parents to be almost identical. These children were seen to have the most deviant behavior compared to LD and normal children. Findings indicated that the Tx-FED does have utility as an assessment system. The measure was best able to discriminate between children without identified exceptionalities and children with ED or ADHD/ADD. (17 references; 9 tables/graphs) (JDD)

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Characteristics of Learning Disabled, Emotionally Disturbed, ADHD/ADD, and Nonexceptional Children: A Behavioral Assessment Measurement Approach

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Abstract

This paper presents data comparing normal, learning disabled, emotionally disturbed, and ADHD/ADD groups from the sample (n = 1,303) of children used in standardizing the Texas Education Agency's Texas Features of Emotional Disturbance (Tx-FED) assessment system. Comparisons are made between the various group means across the 14 scales in the Tx-FED, which are equally divided between a parent reporting checklist and a teacher reporting checklist. Subgroups are composed of age groups 6-11 years and 12-19 years, as well as gender groups. Differences and similarities found across the various clinical groups are presented. The findings indicate that Tx-FED does have utility as an assessment system.

Characteristics of Learning Disabled, Emotionally Disturbed, ADHD/ADD, and Nonexceptional Children: A Behavioral Assessment Measurement Approach

The development of viable identification and intervention procedures for children suffering from emotional disturbance, learning disabilities, or ADHD/ADD has been a noteworthy educational priority for over 15 years. Since the passage of Public Law 94-142 (the Education for All Handicapped Children Act of 1975), the diagnosis and evaluation of learning disabilities (LD), emotional disturbance (ED), and attention deficit/ hyperactivity disorder (ADHD/ADD) have presented major problems for service providers throughout the country (e.g., Barkley, 1988; Mowder, 1979; Reynolds, 1984). Not only are there identification problems in the diagnosis of the various individual disorders, but the overlap among disability groups exacerbates problems in the identification process (Algozzine & Ysseldyke, 1983; Wilson, Cone, Bradley, & Reese, 1986).

Some research has been conducted to compare learning disabled children with emotionally disturbed and other children (Downey, 1979; Gajar, 1977; Wagonseller, 1973), and mean differences between the two groups in IQs, achievement scores, and behavioral data have been reported. However, more research is needed that (a) compares more classifications of exceptionalities, (b) considers both differences and similarities among children both with and without identified exceptionalities, and (c) employs diverse information

sources for a large sample of children. The major focus of the present paper was to explore the various behavioral differences and similarities found among LD, ED, ADHD/ADD children and children not classified as having exceptionalities.

Learning disabled children are believed to compose between 10 and 15 percent of the population of school-aged children (Taylor, 1988). Ysseldyke, Algozzine, Shinn, and McGue (1982) conducted research on the difference between a group of LD students and peers identified as slow learners without handicaps, and found numerous similarities between children in these two groups. Weller and Strawser (1987) discussed the various behaviors found in subtypes of LD children, and suggested that many LD children "act out" behaviorally due to frustration and inability to cope with their environmental pressures. It is known that learning disabled children are often not very socially competent, but there is a need for a better understanding of the differences found between learning disabled children's behaviors and the behaviors of other children (e.g., ED, ADHD/ADD children, and children without identified exceptionalities).

Emotionally disturbed children are identified when they exhibit any one of five federally defined characteristics (P.L. 94-152). Of those five characteristics, four can be indirectly or directly measured:

1. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
2. inappropriate types of behaviors or feelings under normal

circumstances;

3. a general pervasive mood of unhappiness or depression; and
4. a tendency to develop physical symptoms or fears associated with personal or school problems.

The fifth characteristics is "an inability to learn which cannot be explained by intellectual, sensory, or other health factors." Extended reviews of these characteristics suggest they are tied closely to the behaviors of the child that can be identified through a parent or a teacher behavior checklist. Bower (1982) reports that 12% of the school-aged children may be considered emotionally disturbed.

Children diagnosed as *Attention Deficit/Hyperactivity Disorder or Attention Deficit Disorder* (ADHD/ADD), comprising 3 to 5% of the population of school-aged children (Barkley, 1988), are known to have high levels of energy and may frustrate others both with their inability to focus their attention for any extended length of time, and with their low levels of impulse control and overactivity. Due to the observable behaviors these children by definition demonstrate, child behavior checklists are viewed by Barkley (1988) to be "an essential element in the evaluation and diagnosis of ADD/H" (p. 82). Behavior checklists can be used to help determine how extreme the levels of behavior are for ADHD/ADD children.

Thus, it appears that there are extremes in behaviors found in all three clinical groups (LD, ED and ADHD/ADD) which can be identified through the use of parent and teacher behavioral reports, and specifically child behavior checklists. The purpose

of the present paper was to use these three clinical groups, as well as a group of children without identified exceptionalities, to compare and contrast their behavior checklist reports from both teachers and parents. Comparisons were made to answer the following research questions:

1. For the standardization sample as a whole (n=1,303), what are the various profiles of the raw score behavior scale means for the subjects across both age and gender?
2. When considering only individuals (n=758) with a single diagnosis, what are the raw score scale means profiles and how do they differ across diagnostic groups?
3. When considering individuals (n=758) with only a single diagnosis, is the behavioral checklist able to discriminate adequately across the four diagnostic groups?

Method

Subjects

The subjects were participants in the standardization of a behavioral checklist system developed by the Texas Education Agency. The standardization sample was compiled during the 1988-1989 school year from 67 independent school districts in the state of Texas. A total of 1,303 students comprised the final sample. The sample was further subdivided into age groups of 6 to 11 years of age and 12 to 19 years of age. From the standardization sample, there are a total of 758 children with only one diagnosis (ED, LD, or ADHD/ADD) or no diagnosis, and for whom no more than two data points (items) for the more than 100 parent

checklist items or the more than 100 teacher checklist items were missing.

All the children in the clinical sample were initially referred for an emotional disturbance evaluation. The ED children in the clinical sample either had a previous diagnosis of ED and were tested during a re-evaluation, or had recently been diagnosed as ED prior to the testing. The other children that comprise the clinical sample had other diagnoses prior to the testing, thus resulting in the remaining clinical sample being comprised of children with either an ADHD/ADD or LD diagnosis. The total number of students within each clinical diagnosis is presented in Table 1.

INSERT TABLE 1 ABOUT HERE

Instrumentation

The instrumentation employed in the present study involved both the parent and the teacher behavioral checklists of the Texas Education Agency's Texas Features of Emotional Disturbance (Tx-FED) assessment system, which is currently undergoing development and is scheduled for implementation in the state of Texas school system during the 1991-1992 school year. The Tx-FED was designed by the Texas Education Agency/Texas Department of Mental Health and Mental Retardation Joint Task Force on Emotional Disturbance (Texas Education Agency, 1988) to evaluate behavioral and emotional characteristics of children referred within the public schools.

Unlike most evaluation instruments used for determining emotional disturbance, the Tx-FED focuses primarily upon behavior

occurring in school and home settings. The assessment measures dimensions that directly relate to the behaviors which result in a student being classified as emotionally disturbed according to P.L. 94-142. The Tx-FED was designed to help reduce assessor subjectivity in making decisions about whether a student can be considered as being emotionally disturbed in the school setting. Finally, the Tx-FED was designed to provide a behavioral basis for extended professional emotional evaluations (Texas Education Agency, 1988).

Both the parent and the teacher components of the Tx-FED have seven separate scales designed to help in the diagnosis of emotional disturbance, as defined by P.L. 94-142. The scales measure areas which include acting out behaviors, affective behaviors, anxious behaviors and pathognomic signs. Table 2 lists the seven scales and the number of items in each scale associated with both the parent and the teacher checklists.

INSERT TABLE 2 ABOUT HERE

Five of the seven scales are common to both the teacher and the parent checklists. The *Acting Out* scale is designed to help determine whether the child is more behaviorally, rather than emotionally disturbed. Often this scale may be elevated in conjunction with other scales, a pattern which may bear upon the third federal criterion for emotional disturbance--unusual behavior under normal circumstances. The *Affective* scale evaluates whether the child is dealing with behaviors that have an affective or

internalizing association. The *Anxious Behaviors* scale measures children's anxiety levels as reflected in their behaviors. Similarly, the *Unhappy/Depressive Behaviors* scale was designed to measure unhappiness, depression, and to some extent, anxiety, as seen in the child's behaviors. *Pathognomic Signs* is included to determine serious behavioral problems which contain a high degree of affectivity and the possibility for serious disorders (e.g., developmental disorders, secondary effects of brian damage, and abusive environments). This particular scale is designed to be a "red flag". Items marked for a child on this scale should be evaluated individually to further explore the serious behaviors that child is reported to have (Texas Education Agency, 1991, pp. 57-59).

The two scales found solely on the parent checklist are Somatic Symptoms and Socially Aberrant Behaviors. The *Somatic Symptoms* scale is used to locate somatic behaviors that generally involve high levels of stress or emotion, often resulting in physical symptoms. The *Socially Aberrant* scale is designed to measure a more serious level of behavioral disturbance than that seen in either the Acting Out scale or the Overactive/Distractible scale.

Two scales are employed only in the teacher checklist. The *Overactive/Distractible* scale measures agitated, overactive, and distractible types of behaviors. Often children that suffer from ADHD or ED will score quite high on this scale. The other scale found only on the teacher checklist is the *Interpersonal*

Relationships scale. This scale is used to determine the level of difficulty the child has in forming and maintaining peer relationships (Texas Education Agency, 1991, pp. 56-58).

Results

The study's first research question, "For the standardization sample as a whole (n=1,303), what are the various profiles of the raw score behavior scale means for the subjects across both age and gender?", was addressed by computing descriptive statistics and by conducting univariate tests of mean differences. Table 3 presents these descriptive statistics and Figures 1 and 2 present the mean profiles in graphic form.

INSERT TABLE 3 AND FIGURES 1 AND 2 ABOUT HERE

Based upon the ANOVA's (α = .05) conducted across the various gender and age subgroups, most scale raw score means were not different to a statistically significant degree. However, some statistically significant differences were found in the younger group of children, 6 to 11 years of age, in comparisons across gender. These differences occurred on all seven Teacher Checklist scales. Thus, it appears that teachers do not perceive the checklist behaviors in girls between the ages of 6 and 11 to be manifested as often as they do in boys of this age group. Most of these mean differences involve standardized effect sizes of about .25 to .50 standard deviations.

With respect to the Parent Checklist, there were just a few scales in which there were statistically significant mean

differences across these various groups. Parents reported more somatic complaints in younger children than they did in older girls, older boys were perceived to be more apt to engage in socially aberrant behaviors than either gender in the 6-11 age range, and younger girls were seen to have less unhappy/depressed behaviors than either gender in the 12-19 year age range.

The previous analyses were conducted to explore the differences between the various age and gender groups, regardless of diagnosis, multiple or otherwise. Thus, some children with multiple diagnoses were considered in the computations of several of the Table 3 results. Additional analyses were conducted to evaluate differences only for children (a) who were classified in only a single diagnostic category and (b) for whom data were available from both teachers and parents.

The study's second research question, "When considering only individuals (n=758) with a single diagnosis, what are the raw score scale means profiles and how do they differ across diagnostic groups?", was again addressed by conducting univariate descriptive and inferential tests. These results are presented in Table 4 and Figures 3 and 4.

INSERT TABLE 4 AND FIGURES 3 AND 4 ABOUT HERE

Based upon ANOVA's computed across the various diagnostic categories, the one striking pattern found is that the scale raw score means for the ED children were not different to a statistically significant (α = .05) extent from those of the

ADHD/ADD children. With the exception of the Teacher Checklist Somatic Symptoms scale, the ED children's mean profile is virtually identical to the profile of the ADHD/ADD children. Additionally, four of the 14 scale means for the LD children were not different to a statistically significant degree from those of the ADHD/ADD children, but were different from those of the ED children. That is, the LD children's raw score means on four scales were similar those of the ADD children, but were not similar to those of the ED children. These results are illustrated in Figures 3 and 4.

The study's third research question, "When considering individuals (n=758) with only a single diagnosis, is the behavioral checklist able to discriminate adequately across the four diagnostic groups?", was addressed using multivariate statistical methods, as against the univariate methods discussed previously. As explained in more detail by both Fish (1988) and Maxwell (1991), it is often essential to use multivariate methods when multiple variables are involved, to avoid (a) inflation of "experimentwise" error rate and (b) the failure to detect true differences that may be missed when applying univariate methods.

A discriminant function analysis was conducted to evaluate the differences in sets of mean scores across the four nominally scaled, diagnostic categories (LD, ED, ADHD/ADD and nonexceptional). Miller, Thomson, Smith, Thompson, and Camacho (1991, p. 4) describe discriminant analysis as

> ...conceptually a regression analysis that is used to predict a nominally-scaled dependent variable...

> Like regression analysis, discriminant analysis yields both weights for predictors and correlation coefficients (called structure coefficients) between scores on each predictor and scores derived using the weighting coefficients, called function coefficients.

The likelihood ratios associated with all three discriminant function equations were statistically significant at the $\alpha = .01$ level, with the first function accounting for 82% of the explained variance, the second function accounting for 14%, and the last function accounting for the remaining 4% of explained variance. Table 5 presents the function and the structure coefficients for the three uncorrelated discriminant equations.

INSERT TABLE 5 ABOUT HERE

Discussion

There were statistically significant differences found across most of the four diagnostic groups, with exceptions involving the ED sample. But it is very interesting that each group's profile of means, presented graphically in Figures 3 and 4, closely corresponds to the *pattern* of all the other groups' profiles. Differences occur with respect to the *levels* of the score means.

The emotionally disturbed children's scale raw score mean is always higher than the learning disabled children, while the learning disabled children always have a mean scale raw score that is higher than the children with no identified exceptionalities.

This coincides with the findings of Wagonseller (1973) and Downey (1979), who both reported that LD children have less deviant scores on behavioral data when compared to ED children and normal children.

It is also important to note that the ED and ADHD/ADD children's behaviors are seen by both teachers and parents to be almost identical. In addition, these children are seen to have the most deviant behavior compared to LD and normal children across all 14 dimensions measured by the Tx-FED. Children without exceptionalities are reported to differ across all scales when compared to children in the other three diagnostic categories. The learning disabled children's profile remains between the profiles for students in the other diagnostic categories. This suggests that LD children do demonstrate deviant behaviors, but these behaviors are not as deviant as those found for ED and ADHD/ADD children. In summary, the ED and ADHD/ADD samples yielded the highest means across all scales, the LD group yielded a moderate profile, and the children without identified exceptionalities had the lowest profile.

The discriminant analysis was conducted to explore the ability to discriminate among the four groups based on the children's perceived behavior patterns. The group centroids ($\underline{C}$, i.e., the discriminant function score means for the four diagnostic groups on a given function) indicated that the first discriminant equation presented in Table 5 was useful in discriminating the children without identified exceptionalities ($\underline{C}$ = -1.15) *as against* the ED

children ($\underline{C}$ = 1.12) and the ADHD/ADD children ($\underline{C}$ = 1.08). The Table 5 coefficients suggest that there are quite a few scales that contribute to this pattern of group differentiation, but the six scales most useful in delineating these two sets of groups from each other, as reflected by the items' structure coefficients (r_s), were: Unhappiness/ depression (Teacher C/L) (r_s= +.793), Affective Behavior (Teacher C/L) (r_s= +.727), Unhappiness/Depression (Parent C/L) (r_s= +.667), Affective Behavior (Parent C/L) (r_s= +.636), Somatic Symptoms (Teacher C/L) (r_s= +.630), and Pathognomic Signs (Parent C/L) (r_s= +.622).

However, all the structure coefficients presented in Table 5 were in the range +.488 to +.793. These results indicate that (a) the 14 sets of scores had roughly uniform ability to predict differences between ED and ADHD/ADD children as against children without identified exceptionalities and that (b) ED and ADHD/ADD children tended to have higher scores across both the scales and the two data sources.

The Function II centroids indicate that the second function equation discriminated between the ED students ($\underline{C}$ = -.494) *as against* the LD ($\underline{C}$ = .542) and the ADHD/ADD children ($\underline{C}$ = .465). The Function II structure coefficients indicate that fewer scales provide the basis for this particular set of contrasts across the diagnostic groups. The most noteworthy predictors on this function were Unhappiness/Depression (Parent C/L) (r_s= -.447), Affective Behaviors (Parent C/L) (r_s= -.400), and Somatic Symptoms (Teacher C/L) (r_s= +.394).

The Function III centroids indicate that this function was most useful in discriminating the ADHD/ADD children ($\underline{C}$ = .838) *as against* the children without identified exceptionalities ($\underline{C}$ = .033), and the ED ($\underline{C}$ = -.044) and LD children ($\underline{C}$ -.151). There were two structure coefficients that provided much of the explanatory ability of this function: Acting Out Behavior (Parent C/L) (r_s=+.496) and Pathognomic Signs (Parent C/L) (r_s=+.466).

In summary, the discriminant analysis results for the Tx-FED data indicated that the measure is best able to discriminate between children without identified exceptionalities as against ED and ADHD/ADD children. These group differences explain the preponderance of the variance in the system of scores on the 14 scales. When children were classified using the three discriminant function equations, with prior probabilities of group membership set at the population levels discussed at the beginning of this paper, 61% of the 758 subjects correctly classified. This is better than the 25% chance level of classification accuracy that one would expect without prior knowledge of (a) any predictive information and (b) the percentages of membership in the diagnostic categories in the population, but this result must be considered to be very modest given the preponderance of children without exceptionalities in the full population. Since 68% of the population was presumed to lack identified exceptionalities, one could achieve a superior classification accuracy (68% versus 61%) merely by classifying all the subjects as nonexceptional. It is also noteworthy that the ED and ADD groups did not differ much.

In conclusion, as seen by both parents and teachers, there do seem to be real differences among the reported behaviors of LD, ED, ADHD/ADD children and children without identified exceptionalities. However, emotionally disturbed and ADHD/ADD children appear to behave similarly across the 14 dimensions measured by the Tx-FED. Additionally, the Tx-FED does not appear to be able to differentiate between the four groups as well as might be hoped. Yet, the Tx-FED does appear to provide a behavioral basis for extended professional emotional evaluations, which was one of the primary reasons for the checklist's development (Texas Education Agency, 1988). The results suggest the utility of employing both parent and teacher data sources, as a cross validation on each other, and on focusing on *profiles* of behavior patterns, rather than behavior patterns in isolation..

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Table 1

Classifications of the 1,303 Children

Group	Age 6-11	Age 12-19	Total with a Single Diagnosis
Normal	179	118	303
Learning Disabled	222	188	198
Emotionally Disturbed	192	229	219
ADHD/ADD	104	71	38
TOTAL	697	606	758

Table 2

Scales and Items per Scales

Scales	No. of Items Parent C/L	Teacher C/L
Acting Out Behaviors	19	25
Affective Behaviors	44	39
Unhappy/Depressive Behaviors	32	35
Anxious Behaviors	28	22
Somatic Symptoms	19	
Overactive/Distractible		12
Socially Aberrant Behaviors	21	
Interpersonal Relationships		9
Pathognomic Signs	21	16

Table 3

Teacher Checklist

	Males 6-11		Females 6-11		Males 12-19		Females 12-19	
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*
Unhappy/Depress.	**58.551**	20.611	**50.176**	17.038	**56.430**	17.354	**56.058**	18.935
Anxious Behavior	**34.039**	11.461	**30.500**	9.935	**31.411**	8.338	**34.099**	11.225
Socially Aberrant	**14.706**	6.026	**12.535**	4.786	**14.525**	5.547	**13.753**	5.841
Somatic Symptoms	**21.385**	8.578	**17.733**	7.144	**19.443**	6.302	**16.990**	5.375
Pathognomic Signs	**19.787**	4.989	**18.143**	4.528	**19.230**	4.231	**19.293**	4.832
Acting Out Behav.	**38.921**	15.938	**30.750**	10.705	**36.096**	12.432	**32.365**	11.676
Affective Behavior	**61.732**	22.314	**51.862**	16.832	**58.251**	16.437	**54.909**	17.237

Parent Checklist

	Males 6-11		Females 6-11		Males 12-19		Females 12-19	
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*
Unhappy/Depress.	**52.013**	15.348	**47.418**	11.401	**53.147**	13.549	**54.872**	15.866
Anxious Behavior	**47.000**	14.167	**44.308**	11.404	**46.294**	10.699	**46.662**	13.686
Overact/Distract.	**27.938**	7.459	**25.063**	5.145	**30.511**	8.401	**30.027**	7.877
Interpersonal Relat.	**28.952**	8.079	**27.488**	6.519	**29.500**	7.751	**32.392**	9.868
Pathognomic Signs	**32.982**	9.249	**31.247**	9.127	**32.804**	8.867	**32.684**	10.519
Acting Out Behav.	**32.289**	10.329	**28.207**	8.045	**30.555**	8.579	**29.938**	9.449
Affective Behavior	**70.408**	20.761	**63.458**	16.738	**71.089**	18.747	**71.108**	21.365

Table 3 - Means and standard deviations of the Tx-FED standardization sample divided by gender and age groups (n=1303).

Table 4

Teacher Checklist

	Normal		E.D.		L.D.		ADHD/ADD	
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*
Unhappy/Depress.	**43.894**	11.048	**69.889**	17.318	**63.671**	15.669	**68.789**	20.092
Anxious Behavior	**27.300**	6.401	**38.505**	10.000	**34.251**	9.867	**38.579**	12.670
Socially Aberrant	**11.003**	3.112	**17.333**	5.614	**15.356**	5.200	**17.921**	6.914
Somatic Symptoms	**14.796**	3.805	**22.485**	7.085	**22.041**	7.092	**25.711**	8.402
Pathognomic Signs	**17.152**	2.523	**69.889**	5.901	**19.726**	4.769	**21.763**	6.720
Acting Out Behav.	**28.439**	7.466	**44.449**	14.342	**38.566**	13.544	**45.158**	16.551
Affective Behavior	**46.303**	10.462	**71.984**	18.553	**63.886**	17.574	**73.211**	22.818

Parent Checklist

	Normal		E.D.		L.D.		ADHD/ADD	
	Mean	*sd*	*Mean*	*sd*	*Mean*	*sd*	*Mean*	*sd*
Unhappy/Depress.	**42.228**	5.747	**59.732**	14.369	**49.475**	11.300	**56.789**	12.417
Anxious Behavior	**40.132**	6.073	**52.439**	12.043	**44.877**	10.551	**51.737**	12.450
Overact/Distract.	**23.812**	2.769	**32.515**	7.843	**27.986**	6.614	**30.579**	7.446
Interpersonal Relat.	**24.677**	3.912	**32.621**	8.001	**28.329**	7.077	**31.947**	8.466
Pathognomic Signs	**26.640**	3.720	**36.500**	9.110	**31.909**	7.316	**38.132**	10.003
Acting Out Behav.	**25.894**	3.982	**34.899**	9.461	**29.749**	7.840	**36.053**	9.734
Affective Behavior	**58.218**	8.383	**80.561**	18.480	**67.493**	15.686	**78.789**	18.168

Table 4 - Means and standard deviations of the Tx-FED standardization sample based upon those children with a single diagnosis (n=758).

Table 5

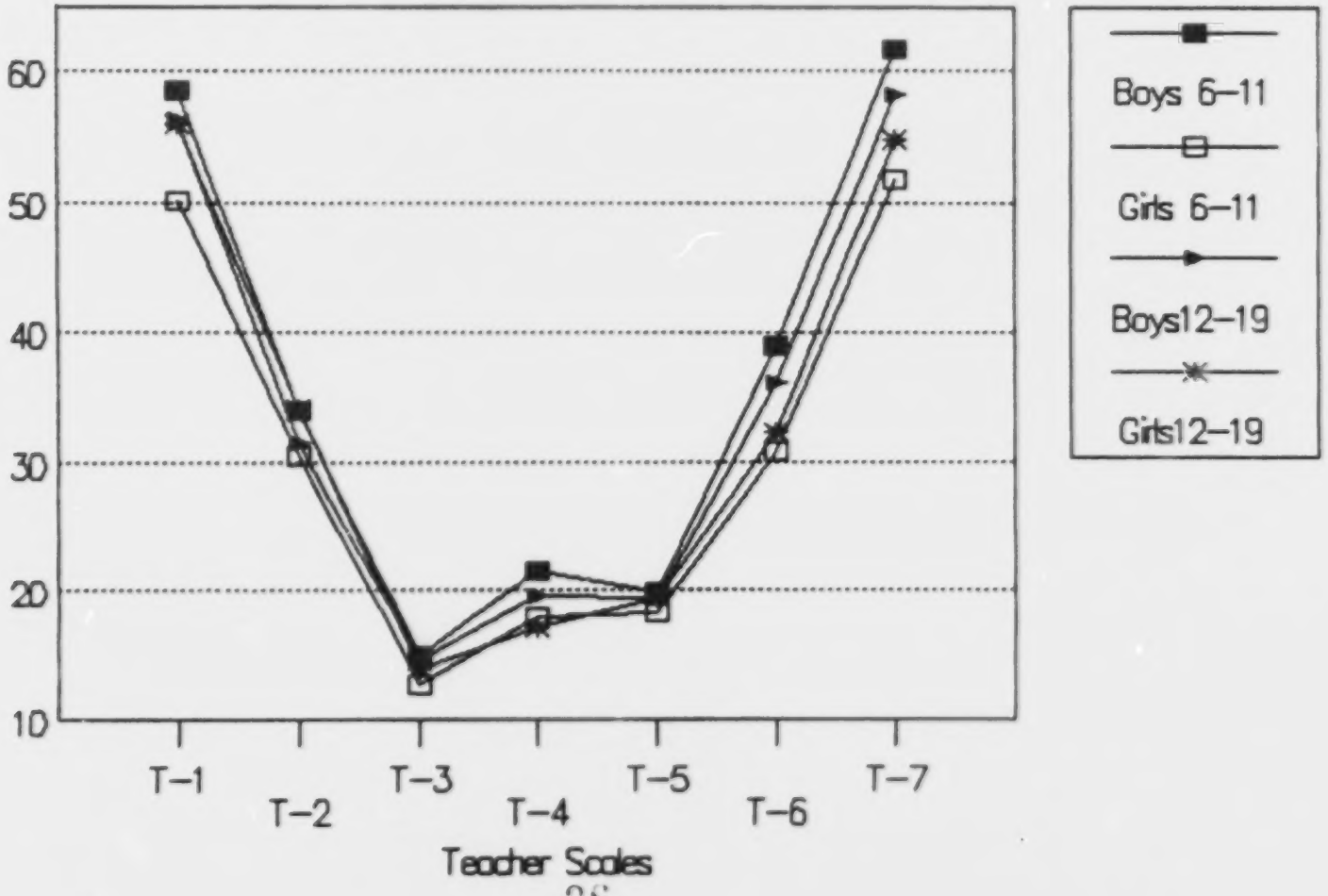
Discriminant Function & Structure Coefficients

Scales	Function I		Function II		Function III	
	FUNC-1	Struc.	FUNC-2	Struc.	FUNC-3	Struc.
Unhappy/Depress. (T)	**0.457**	**0.793**	**0.473**	0.132	-0.956	-0.191
Affective Behavior (T)	0.241	**0.727**	**-1.004**	0.026	0.168	0.094
Unhappy/Depress. (P)	**0.691**	**0.667**	**-0.397**	**-0.447**	-0.273	0.201
Affective Behavior (P)	**-0.627**	**0.636**	**-1.899**	**-0.400**	0.291	0.324
Somatic Symptoms (T)	0.162	**0.630**	**1.087**	**0.394**	0.194	0.203
Pathognomic Signs (P)	**0.433**	**0.622**	**1.206**	-0.156	0.689	0.466
Overact/Distract.(P)	0.238	**0.603**	**0.525**	**-0.319**	-1.009	0.001
Socially Abberrant (T)	-0.015	**0.603**	-0.051	0.034	0.370	0.132
Acting Out Behavior (T)	-0.010	**0.590**	0.159	-0.045	-0.096	0.144
Anxious Behavior (T)	0.043	**0.552**	-0.061	-0.064	0.296	0.104
Acting Out Behavior (P)	-0.174	**0.525**	0.112	-0.268	0.738	0.496
Anxious Behavior (P)	-0.132	**0.519**	0.069	**-0.360**	-0.129	0.332
Interpersonal Relat. (P)	0.169	**0.513**	0.192	-0.267	0.056	0.194
Pathognomic Signs (T)	-0.106	**0.488**	-0.287	-0.241	0.021	0.097

Table 5 - Note: Function or structure coefficients greater than |.31| were considered salient to interpretation of the first two functions, and are presented in **bold**.

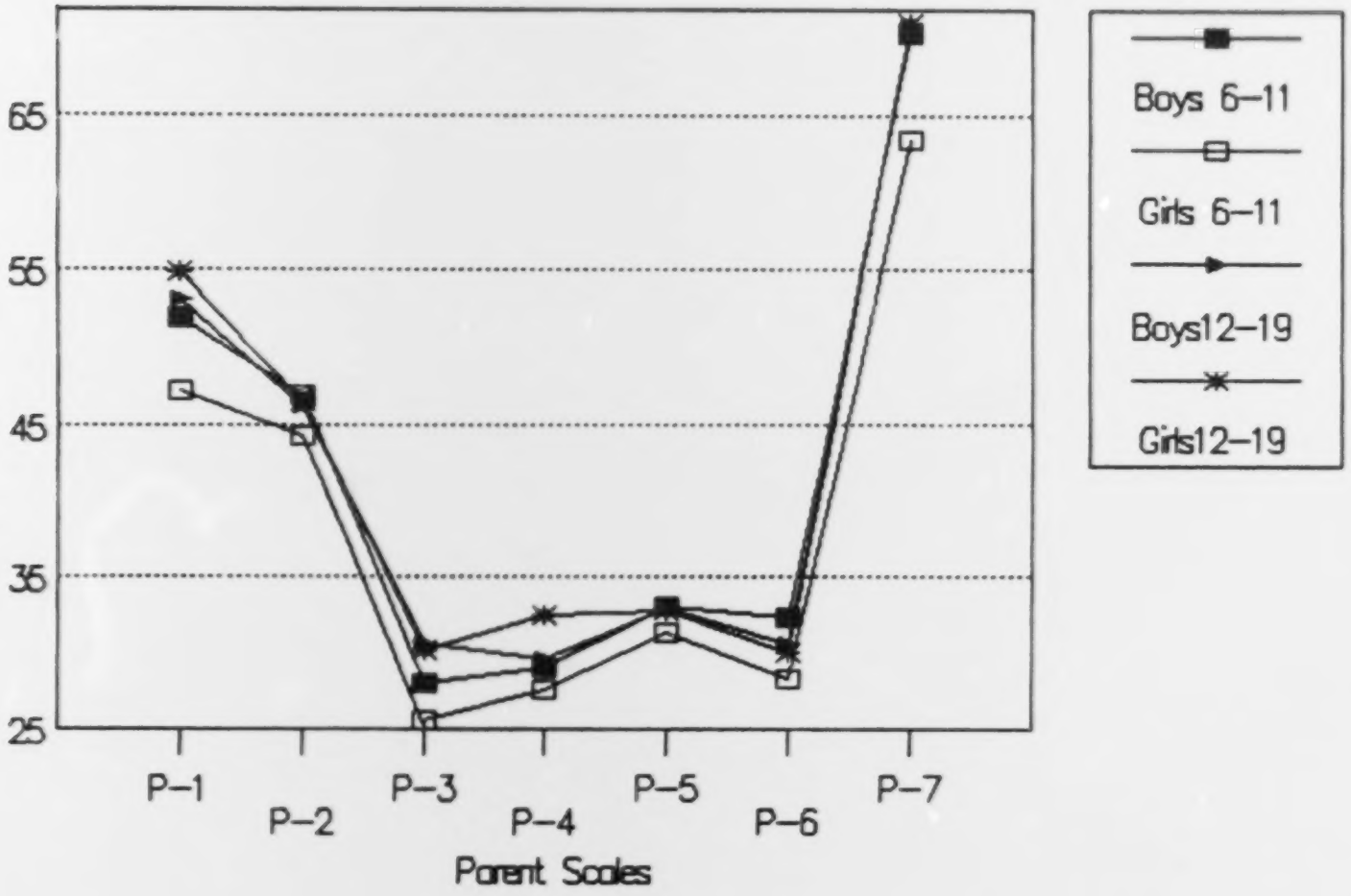
Graph 1

Teacher Checklist (Tx-FED)



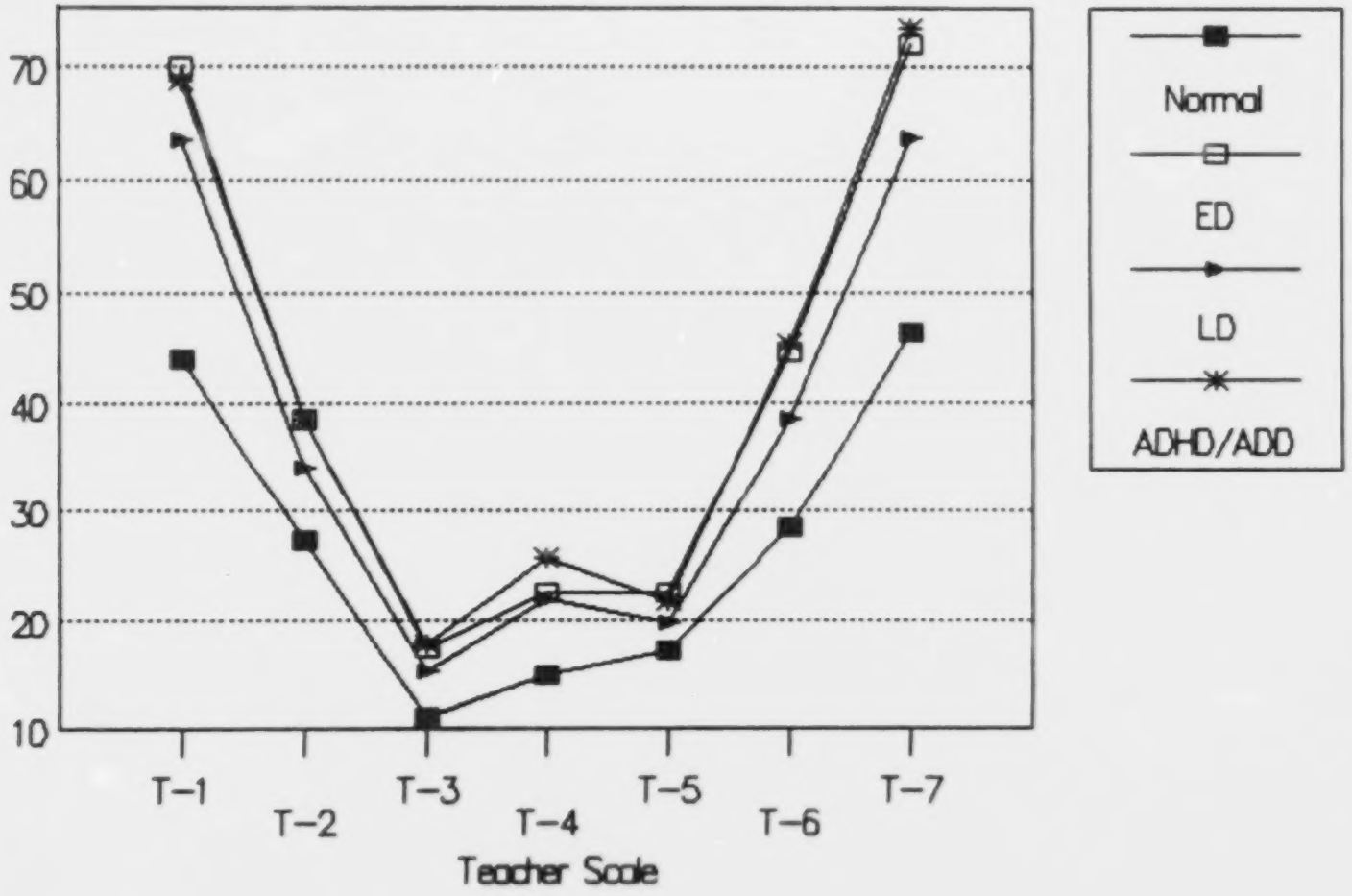
Graph 2

Parent Checklist (Tx-FED)



Graph 3

Teacher Checklist (Tx-FED)



Graph 4

Parent Checklist (Tx-FED)